

BARROW

AN INAUGURAL DISSERTATION
ON LUMBAR ABSCESS

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AN
INAUGURAL DISSERTATION
ON
LUMBAR ABSCESS.

SUBMITTED TO THE PUBLIC EXAMINATION OF THE

FACULTY OF PHYSIC

UNDER THE AUTHORITY OF THE TRUSTEES OF COLUMBIA COLLEGE,
IN THE STATE OF NEW-YORK,

The Right Rev. BENJAMIN MOORE, D.D. President;

FOR THE DEGREE OF

DOCTOR OF PHYSIC,

On the 13th Day of November, 1804.

BY WILLIAM BARROW,

CITIZEN OF THE STATE OF NEW-YORK.

If it be consonant with truth and experience it matters not
from whom it may differ. POTT.

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TO

WRIGHT POST, Esq.

Professor of Anatomy and Surgery in Columbia College,

For his assiduous and generous Attention during the Author's
Professional Studies;

AND TO

CHARLES SMITH, DANIEL M'CORMICK,

AND

GILBERT ROBERTSON, Esquires,

For their Personal Friendship;

THE FOLLOWING

DISSERTATION

Is respectfully dedicated.

INTRODUCTION.

AMONG the many diseases to which mankind are subject, there are, perhaps, few that have proved more fatal in their termination than that of which we are about to speak. Every innovation in practice that may tend to palliate the sufferings, or prolong the life of a fellow creature, may be deemed an object of some importance.

From the observations which I have been able to make upon diseases, my mind has uniformly been impressed with the necessity of paying more strict attention to the state of the solids of the system than is ordinarily done; for upon them depends the state of the fluids.

I shall lay it down as a general position, that diseases are produced by the action of foreign agents applied directly or indirectly to some part of the system capable of being brought into motion, thereby producing an excitement greater than natural, or by the abstraction of those agents upon whose influence the natural actions depend.

Dr. Cullen, in his *First Lines*, vol. i. sect. 43, says, that a diminished action of vital parts constitutes atony. Now, where the ordinary actions of the system are lessened there cannot be such an expenditure of excitability; consequently the

capability of the system to be operated upon is increased: hence I conclude that the atony of Dr. Cullen and the direct debility of Dr. Brown are synonymous. That excitability is accumulated by the abstraction of stimuli, I think is proved from what takes place in several diseases.

In Cholera the great prostration of strength that is produced by the sudden evacuation of the contents of the stomach and intestines render the system so highly susceptible, that spasm and convulsion are its common attendants. The predisposition to Puerperal Fever, occasioned by the expulsion of the contents of the impregnated uterus, goes far to prove this fact. In this disease, not only inflammation of the uterus is produced, attended with general febrile irritation, but frequently the inflammation is extended to all the abdominal viscera; the pressure which had uniformly sustained and supported them during the term of gestation being withdrawn. The evacuation of the water of Ascites often produces a sudden derangement of the system, and frequently lays the foundation for peritoneal inflammation, unless the abdomen is equally supported by bandage. The spontaneous bursting of the tumour formed at the sacrum in the disease called Spina Bifida, occasions such sensibility of the parts affected, as to produce inflammation, which generally terminates in death.

In all those cases the cause is no doubt a subduction of stimuli; but they are mechanical sti-

multi, arising from support and distention, and though extraneous to the system, yet they have become habitual by their continuance.

Upon these principles I shall endeavour to prove, in the prosecution of this Dissertation, that the vitiated secretion and febrile commotion attendant upon Psoas Abscess chiefly, if not solely, depend upon the sudden and entire evacuation of the contained matter.

HISTORY OF LUMBAR ABSCESS.

THIS disease has derived its name from its situation, which is generally in the lumbar region, though it sometimes originates near the sacrum, in the cavity of the pelvis; under which circumstance this epithet is improperly applied. It has likewise been designated by the term Psoas Abscess, when it originates in the cellular substance near the psoas muscle, and in the superior parts of the pelvis, which is its most common seat. Persons of a scrophulous habit are more peculiarly subjected to its attacks, though its existence may frequently be traced as the effects of external violence on the part. The symptoms which denote its presence are pain and uneasiness about the loins. These are increased by particular motions of the lower extremities, such as rolling the thigh and turning

the toes outward: but so little is the inconvenience with which it is sometimes attended, that the pointing of the matter in some distant part is the first sure indication of the disease.

The inflammation being slight, is insufficient to produce adhesions in the surrounding parts, by which the matter might be confined: hence it descends by its own gravity through the cellular substance, and shows itself in different situations, remote from its origin. The pus thus formed is generally deposited either on the internal part of the thigh, or near the rectum, or in the loins, or, as most frequently happens, in the course of the vessels running under Poupart's ligament. The integuments retain their natural appearance: the tumour is unaccompanied with pain, and may be handled without the least inconvenience, or producing pain and uneasiness to the patient; and, by placing him in a horizontal position, the matter may, by pressure, frequently be forced into the cavity of the abdomen; it likewise receives an evident impulse during the paroxysms of coughing. The disease being thus formed, as the only mean of producing relief, the pus is to be evacuated, which, on the first discharge, is, in general, perfectly bland and inodorous. This, however, is succeeded by an icterous and extremely foetid matter, accompanied with a symptomatic fever, which seldom fails to terminate the sufferings of the patient by lingering death.

I shall now proceed to investigate the cause of that particular derangement which succeeds the ordinary evacuation of the matter in Lumbar Abscess; conceiving that, should this be ascertained, the indication of cure would naturally present itself. As the constitutional derangement corresponds with the topical affection, our first inquiry will be—

To what cause may we attribute the local inflammation subsequent to the discharge of the matter? And, 2dly. How far does this tend to the production of that febrile commotion and vitiated secretion which generally succeed such evacuations?

The admission of air into the cavity of the abscess, after the evacuation of the pus, was formerly supposed to be the cause of all the mischievous effects which followed. These it was thought to induce, 1st. By excessively stimulating the cyst, and thereby producing inflammation; and, 2dly. By promoting the putrefaction of the contained pus, to the absorption of which (in a state of putridity) the constitutional derangement which succeeded was attributed. Let us examine these opinions, and see how far they are supported by facts.

We daily see air applied to large excoriated surfaces, as well as to ulcers in different parts of the body, without producing any extraordinary inflammation, or sensibly changing the state of the matter secreted. But to this it may be objected, that there is a difference between the sur-

faces of those parts of the body which are continually exposed to the contact of air, and of those cavities which, from their natural situation, are more peculiarly exempted from its influence. To this I answer, that the admission of air into the cellular substance in Emphysema is a case perfectly in point. This is a secreting membrane, in every respect similar to that which is the seat of Psoas Abscess; and yet we find that air has in this way not only been admitted, but even in such quantities as to produce a distention of the whole body, without being attended by the least inflammation whatever. The experiments of Mr. Ashley Cooper, as related by Mr. Abernethy, likewise prove that those deleterious effects which have been attributed to air, when allowed to come in contact with ulcerated surfaces and secreting membranes, are not attributable to that agent.

In order to determine this fact, he inflated the abdomen, thorax, and cellular substance of different dogs, and carefully closed the aperture through which the air was impelled. The consequence was, that the air was absorbed from the cavities, the wounds healed by the first intention, and little or no inflammation was excited. But even admitting that a certain part of atmospheric air, viz. its oxygen, is capable of stimulating the living solids of an animal body, and that a proportion of air is admitted into the cavity of an abscess after an evacuation of the

matter, still this would not contain but little more than one fourth part of oxygen, which is the only ingredient possessed of stimulating properties; but it must be likewise remembered that even this is confined in the cavity, and perfectly at rest: hence there can be no new accession of air, and the small quantity of oxygen then within the cyst is quickly absorbed by the effused fluids. As to the azotic portion which remains, experiments have sufficiently proved that it may be applied to ulcerated surfaces with perfect *impunity*.

From these facts combined, I conceive that I am authorised to conclude that the admission of air into the cavity of a Lumbar Abscess is not the cause of that peculiar derangement of the part which succeeds an evacuation of the matter. I shall endeavour to show, from a variety of circumstances, that this principally, if not entirely, depends upon that collapsed and unsupported state of the parts which necessarily arises from a complete and entire discharge of the pus. It has been laid down as a law of the animal economy, that when a portion of usual or accustomed stimuli is suddenly subducted from a part or the whole of the system, there excitability is generated or increased; and that the part becomes susceptible of impressions in proportion to the subduction. Now, the matter of Lumbar Abscess must be considered as a stimulus, since not only as it respects the system it

is evidently extraneous, but likewise as it distends and supports the surrounding parts: hence, when this stimulus of distention is suddenly withdrawn by an evacuation of the matter, direct debility must necessarily succeed; in consequence of which the parts become preternaturally sensible to the application of other stimuli. In this way I can readily suppose that a stimulus, whether produced by the wound which is made to evacuate the matter, or in any other way, may, upon this accumulated excitability, produce considerable inflammation. But if the parts were not rendered preternaturally sensible, why should a wound inflicted in them produce such violent effects, since the point in which it is made cannot be considered as involved in the original disease, but merely as the receptacle of matter formed at a distance? Hence no symptoms of inflammation appear until deprived of their usual support, by a complete evacuation of the matter. This then I presume to be the cause of that local inflammation which generally succeeds the operation.

We shall next consider the cause of the vitiated state of the secretion, and shall endeavour to ascertain how far it may depend upon the debility which is induced, and the topical inflammation which is consequent upon the collapsed state of the cyst. I assume it as a fact, and I am warranted by general opinion, that pus is the effect of an altered secretion: if so, it must

depend upon a particular state of the vessels. Whenever great debility prevails in the system generally, or in a gland locally, the secreted fluid loses its natural appearance, and is discharged from the vessels in a crude and undigested state, owing to their not being able to perform their usual functions. This frequently happens in the stomach, liver, and other glands, in cases of great debility, and is more particularly exemplified in the instance of ordinary ulcers which are situated upon the extremities of those who are of an enfeebled habit of body. Every person conversant with surgery must often have observed that these will at first appear well-conditioned, the granulations of a good healthy colour and firm, the pus perfectly bland and of a proper consistence; but in a short time an obvious change takes place, the granulations become full and assume a fungous appearance, the secretion becomes thin, ichorous, and extremely fetid. To prove that this arises from debility of the part, we need only advert to the method of cure, that is, tight bandaging, which is alone frequently sufficient to alter the appearance of the ulcer; but if aided with bark, wine, and a generous diet, the parts may soon be completely restored to a healthy state. All plasters that are used in the form of bandage, and all stimulant ointments, generally called digestives, act upon the same principle.

The fever attendant upon this disease has been

attributed to an absorption of the matter contained within the sack, and to its being conveyed into the circulating vessels. We shall first inquire how far this cause is capable of producing the effect.

Mr. John Hunter says, "We may remark, that in large abscesses that have not been preceded by inflammation, the hectic disposition seldom or never comes on till after they are opened."* If this be fact, as it most undoubtedly is, ought not absorption to be greatest whilst pressure is greatest? It is a law of the animal economy, that pressure produces absorption; and yet we find that, under the most favourable circumstances for the absorption of this matter, no fever arises. Dr. Reid, in his *Essay on Phthisis Pulmonalis*, observes, "If absorption was really the cause of hectic fever, it would be present always, and in every case where matter was present, or real pus spit up from the lungs;"† yet daily experience proves the contrary. Can it be supposed, on the other hand, that, after the evacuation of the matter, absorption takes place and fever is produced? This appears to me equally inconsistent; for after the cyst is deprived of its support, the parts become extremely debilitated, the absorbents in common with every other part; and this debility is obvious by the thinness of the discharge, it merely being poured out from the extremities of

* Vide Hunter on the Blood, vol. ii. p. 224. † Vide Reid, p. 86.

the relaxed and enfeebled vessels, and is not a perfect secretion. But if we admit that the matter may be absorbed, is it possible that it can have such powerful effects upon the system? Mr. Hunter, in speaking on this subject, proposes this question: "If absorption of matter produces such violent effects as are commonly ascribed to it, why does not venereal matter do the same?"* and yet we find buboes of considerable size, which are just ready to break, absorbed and taken away in a few days, and no fever excited. Certainly if the absorption of *ordinary* pus could produce fever, that of a specific matter ought to do the same.

"When matters of an injurious nature are taken into the system by absorption, the absorbents are first inflamed, the lymphatic glands congested, and the poison arrested. If this produce fever, it is not hectic, but of a more violent and active kind."†

"We likewise find very large collections of matter which have been produced without visible inflammation, such as many of the scrofulous kind, and which are wholly absorbed, even in a very short time, yet no bad symptoms follow."‡

I conclude this part of the subject with saying, that if hectic fever depended upon the absorption of matter, no patient ought to recover of this

* Hunter on the Blood, vol. ii. p. 223.

† Vide Abernethy's Surgical and Physical Essays.

‡ Hunter on the Blood, vol. ii. p. 223.

disease until suppuration had ceased; but this we know to be contrary to truth. From this collection of evidence I infer, that the fever induced in this disease is not owing to the absorption of matter, but to some other cause.

An author, in speaking of Psoas Abscess, observes, "A symptomatic fever generally attends this complaint, and closes the scene. But what is very remarkable, this fever does not come on during the time the matter is confined, nor to any degree for forty-eight hours after the matter is let out. This circumstance is extraordinary, as it cannot arise from the absorption of matter, for that must have been greater before the opening; nor from a wasting in consequence of the evacuation of the matter, as that was before extravasated, and was extraneous with respect to the constitution; nor from the admission of air, for that in other cases does not produce such effects: we are therefore at a loss to know why the symptomatic fever does not occur till after the discharge of the matter."* To answer this query shall be my next inquiry.

We have endeavoured to prove that the absorption of pus is inadequate to the production of the disease: we shall see how far it may depend upon the irritation caused by the local inflammation induced upon the surface of the cyst. The cause of the local inflammation has been

* Motherby's Dictionary.

already investigated, and has been proved to depend upon the collapsed state of the parts from the sudden subduction of the contained matter, thereby producing a preternatural degree of excitability in the parts to be operated upon by any stimulus applied. "In some cases," says Mr. Hunter, "as in Lumbar Abscess, the extent of surface to inflame is immense, in comparison to the original disease, and of course when such abscesses do inflame, the symptoms in the constitution are in the same proportion."*

From these data the subject is fully explicable: here is an extensive surface rendered preternaturally sensible, inflammation suddenly takes place, and the constitution is rendered susceptible of the impressions by the sympathetic association of parts. That the symptomatic fever must depend upon the previous local inflammation induced, and this inflammation upon the direct debility attendant upon the collapsed state of the cyst, we shall endeavour to prove from the following cases:

"I have seen large Lumbar Abscesses open of themselves on the lower part of the loins, which have discharged a considerable quantity of matter, then close up, then break out anew, and so on for months, without giving any other disturbance; but when opened, so as to give a free discharge to the matter, inflammation has

* Vide Hunter on the Blood, vol. ii. p. 118.

immediately succeeded, fever has come on, and, from the situation of the parts inflamed, as well as their extent, death in a very few days after has been the consequence."* These are full in point. While the cyst retained support enough to keep up a proper degree of excitement, no unusual degree of excitability could be produced; and as no unusual stimulus was applied, no inflammation could be excited: but when the matter was completely evacuated by an artificial opening, the parts were rendered susceptible by the abstraction of the stimulus of support; the irritation of the wound, and the excitability of the parts being increased, inflammation takes place, and, consequently, a general affection of the system by consent of parts.

It may be asked, if the fever accompanying this disease depends upon local irritability, and not upon the absorption of the matter, why does not the irritation attending the amputation of a limb, or the inflammation of the pleura, &c. produce a fever of the same type with that of hectic, accompanied with exacerbations and remissions? The reason, I think, is obvious. Where a part of the body has acquired a preternatural sensibility, by the loss of the stimulus of support, distention, and habit, the common and ordinary stimuli of life shall operate upon it with increased violence: here is not a direct applica-

* Vide Hunter, vol. ii. p. 119.

tion of stimulant power, so as to produce a sudden and permanent action, which shall continue the same as it was when first induced, without intermission, until the parts are no longer capable of supporting that action, and they fall into a state of indirect debility; but a part rendered preternaturally sensible by a peculiar cause, that shall be operated upon at different times by the common stimuli of life, and as often as they are applied, so often will a paroxysm be produced. Dr. Darwin, in his *Zoonomia*, says, "If the degree of quiescence occasioned by the defect of stimulus be very great, it will recur a second time by a slighter cause than that which first induced it. If the cause which first induced the second fit recurs the succeeding day, the quotidian fever is produced; if not till the alternate day, the tertian fever," &c.

Hectic fever is attended throughout with a morbid frequency of pulse, with exacerbations at evening, and remissions in the morning. Now, the continued frequency of pulse depends upon the uniform local irritation, the evening exacerbation upon the excitability of the system generated during the morning remission, brought into action by the stimulus of food, heat, light, and sound, with all the ordinary excitants of life that have their action during the day: thus, when the fever is first induced by the local affection, the force with which the excitants were applied being but slight, the paroxysm of conse-

quence must be of short duration. The production of the second paroxysm must depend upon the excitability accumulated during the remission and the effect of stimuli during the day: hence we have at evening an increase of action, and in the morning a remission of the symptoms.

From the observations already made, the method of prevention and cure of this disease more readily present themselves. In its incipient stage, when it is confined to the loins, and before matter is formed, certain symptoms obtain, that, to a person conversant with the disease, would give the strongest probability of its commencement, such as pain in the loins, accompanied with a difficulty of moving the thigh, taking place in persons who are of delicate health or of a scrofulous disposition: but these symptoms being common to many ordinary complaints, make us too inattentive to such circumstances; whereas, if the disease was taken in its forming stage, all those dreadful symptoms which are generally the consequence might be prevented by early attention. Surgeons of the greatest respectability agree as to the mode of treating this disease in its commencement. The means are general and local. The general are those that may tend to relieve congestion; such as evacuations from the system (if the disease should be occasioned by local injury), by the lancet, by the bowels, and by the skin. The local comprehend scarifications, blisters, setons, &c. to the loins, perfect

rest, with a strict confinement to bed, as motion of the lower extremities certainly tends to aggravate the symptoms, by bringing into action the psoas muscle, with those contiguous. If these remedies are used, the patient has every probability of recovering without farther disease. But as it frequently happens that the pointing of the matter in some distant part is the first symptom that presents itself, we are now to consider the mode of relief best adapted to this stage of the disease. As at this time there is no general affection of the system, and the patient is in ordinary health, our attention is first led to the removal of the matter confined within the cyst. Different Surgeons have recommended different modes of evacuating this matter. Mr. Bell prefers the introduction of a trocar when the case is obvious; but, as this disease may be confounded with others, he thinks a scalpel should be used, cutting down carefully, as in hernia, until the matter flows.

Mr. Ford, in his *Observations on the Disease of the Hip-Joint*, seems clearly of opinion that abscesses should be left to themselves to burst spontaneously, and the matter evacuated in that way. Mr. Abernethy recommends discharging the pus by introducing a lancet through the integuments, then passing it for a small distance between the skin and fascia, and then by depressing the point of the lancet to puncture the cyst. The advantages accruing from a small opening,

and that made with a keen cutting instrument, are, the matter is evacuated, and as little violence done to the parts as possible, so that inflammation might not be induced. But, unfortunately for us, the practices hitherto pursued for the evacuation of the matter have generally been unsuccessful: some few solitary cases have occurred in which the patients have recovered without much suffering, but the majority have fallen a sacrifice to the symptoms that have succeeded the operation.

The method of opening the cyst, recommended by Mr. Abernethy, is, in my opinion, the most preferable, and his reasoning upon the subject most valuable. But, with all due deference to the opinions of men so deservedly eminent, I beg leave to propose to the consideration of the gentlemen of the faculty, a mode of operating which is the result of my reflections upon the nature and progress of the disease.

After having ascertained the existence of the disease, so as to warrant an operation, I would recommend that the incision made for the discharge of the matter be by a lancet passed in a longitudinal direction as respects the thigh, obliquely through the integuments and fascia in the lowermost part of the tumour. The incision thus made is to be small, and about one-fourth of the matter evacuated; the orifice is then to be closed, and a piece of adhesive plaster (the least stimulating) applied over the wound, and

a broad flannel uniting bandage over that and the most depending part of the tumour, endeavouring to press the matter upwards, so that the wound may have every advantage of uniting by the first intention. The patient is to be kept in bed, in an horizontal position, avoiding every thing that may tend to stimulate or bring on excitement; such as light, heat, sound, and stimulating food. If the wound should unite and heal soundly, it would be most advisable to puncture the cyst in another place, to make the next evacuation, which should be in the course of three or four days after the first, and by the same means let out about one-fourth of the quantity remaining in the cyst, and so to continue the evacuation gradatim until the cyst is completely emptied.

The advantages of this mode of treating the disease, I think, must be obvious to every person conversant with the laws of the animal economy. By partially subducting the matter, the quantity remaining in the sac, in conjunction with the elasticity of the cellular substance, is equal to the support of the parts concerned. When the pressure is taken off the cellular substance reacts, and the muscular fibres of the surrounding parts contract, so as to adapt themselves to the quantity they contain. In this way collapse is prevented, and no excitability accumulated; consequently no inflammation obtains, and the matter, when let out at the second operation, retains its

healthy appearance. As no local inflammation is present, there is little or no cause for general febrile affection; the patient, therefore, remains unaffected, or if affected, the fever is very slight, and the system soon becomes equalized; there is no wasting of strength from excessive excitement; the remedies given to support the patient cannot act with violence, as the parts are not rendered preternaturally sensible by a sudden loss of support, and the time allowed between every evacuation gives opportunity to the parts to gain their wonted tone. To prove what I have said takes place under such circumstances, I shall relate a case recorded by Mr. Abernethy in his *Treatise on Lumbar Abscess*:—

“Elizabeth Ridley, aged fifty-five, had, for one year and a half before her admission into the hospital, suffered much from bad health; she then had a severe cough, accompanied with much fever. About ten months ago she had a very acute pain in her loins, which abated, in some degree, ten weeks after its first attack; at that time she observed a tumour in her groin, which had gradually increased in size. The pain had been continued, though at intervals it suffered considerable abatement: the veins on the fore part of the thigh had become varicous, and the leg œdematous. The tumour was of a circular form, about four inches in diameter. It had much protruded the fascia, and matter was violently impelled into it on coughing. She now

complained of occasional pain of her stomach, of failure of appetite, and a costive state of her bowels; her pulse was slow and feeble, her tongue pale, and her health considerably beneath the natural standard.

“ On the 8th of November I punctured the lower part of the tumour with a lancet, carrying it obliquely about half an inch between the skin and the fascia, and discharged eleven ounces of good pus, but did not empty the abscess. The orifice of the skin and cyst did not then correspond, and on coughing there was still perceived a considerable impulse of matter from the cavity in the loins.—I was unwilling to irritate the cyst by the introduction of any instrument to separate the lips of the wound, therefore I closed the orifice with sticking plaster, and every thing remained quiet till the third day, when, by a fit of coughing, the orifice was burst open, and matter oozed from beneath the plaster. If I suffered it to remain open, my original plan of treatment would be frustrated; I therefore resolved to let out the collected matter, least distention of the fascia and integuments should prevent the wound from healing. I again introduced the lancet through the same orifice, and wounded it so as to make it bleed, and gave a discharge to five ounces of pus; the abscess though did not even now appear to be completely emptied. I preferred to introduce the lancet through the same orifice rather than make another opening, that this new

injury might excite in the divided parts a new disposition to unite. If I had not again made the separated parts bleed, they probably would have united by granulations; their surfaces would have been for some time kept separate by a purulent secretion, and air would have been admitted into the cavity of the abscess: but the effused blood glued together these edges, and thus obstructed the aperture till its organization made the reunion perfect.

“ The woman suffered no evident alteration in her health, but became much easier with respect to her loins. The varicose veins and the oedema of the leg now no longer appeared. These symptoms, doubtless, originated from the pressure of her loins, occasioned by matter, of which it was very evident there was a large collection.

“ On the 18th the tumour was again punctured, and eight ounces of fluid evacuated. The matter before had been incompletely discharged; now I believe the tumour was entirely emptied. This last discharged matter was perfectly inodorous, and the thigh uninflamed. I made this aperture, at the side of the tumour, with the edges of the lancet held upwards and downwards, and not transversely, as the former openings had been made. This I did that the efforts employed in coughing might have less effect in impelling the matter through the orifice, which soon healed.

“ In the following week she complained that she was restless and could not sleep, neither had

she her usual degree of appetite; her pulse, however, was not quickened, nor did any other signs of constitutional indisposition appear. No matter was now collected beneath the fascia, and after waiting another week without any apparent collection being made, on the 25th of November I introduced a lancet through the fascia of the thigh, with a design to admit the air into the cavity of the abscess that remained. I did not perceive any matter issue from the opening. As the integuments covering the fascia were thickened, and showed some disposition to inflame, I directed the aqua aceti lithargyrita to be applied to them. On the following day some matter flowed through the orifice; the patient supposed, if collected, it might be a table spoonful. Nearly the same quantity continued to discharge for about a fortnight, and afterwards it gradually diminished, and the wound healed. She was not affected by fever in consequence of this last opening, and seemed to suffer very little inconvenience with respect to her health. She, however, complained much of pains resembling those of the rheumatism, which affected principally her hips, though sometimes they attacked her loins. For these pains she was placed under the care of the Physician, and as her constitution was languid, she was recommended to continue the medicines prescribed for her as an out-patient."

Although the practice in this case was contrary to the original intention, yet it appears to me fortunate, for if the matter had been completely discharged, I doubt if the patient would have so easily got through the disease. The quantity of matter remaining after the partial evacuation afforded a sufficient support to the surrounding parts to prevent excess of debility from depletion; the vessels, therefore, retained their tone, and the matter secreted from them assumed its healthy appearance. As no unusual excitability was induced, little or no inflammation could be excited; for as soon as the pressure of matter was withdrawn, the cellular substance reacted and occupied the space.

THE END.

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